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TO: Examiner Yaima Campos
U.S. Patent and Trademark Office

FROM: Roy B. Rhee USER ID: nlk/8056

DATE: February 22, 2007

FAX NO.: (571) 273-8300

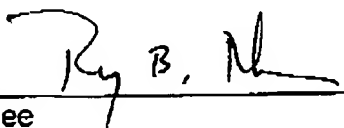
CLIENT: 01772

MATTER: 15057US02

Number of Pages This Transmission (Including Cover Page): 22

Message:

I hereby certify that the attached is being sent via facsimile transmission to the U.S. Patent and Trademark Office on February 22, 2007.


Roy B. Rhee
Reg. No. 57,303

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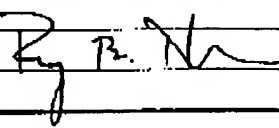
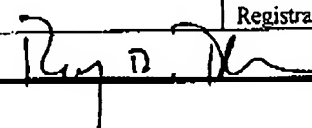
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| | | | |
|---|--|---|-------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/750,523 |
| | | Filing Date | December 31, 2003 |
| | | First Named Inventor | Kimming So |
| | | Art Unit | 2185 |
| | | Examiner Name | Yaima Campos |
| Total Number of Pages in This Submission | 21 | Attorney Docket Number | 15057US02 |
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | |
| | | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> Request for Continued Examination (RCE) Transmittal Preliminary Amendment and Request for Continued Examination | |
| Remarks | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm | McAndrews Held & Malloy, Ltd. | | |
| Signature |  | | |
| Printed Name | Roy B. Rhee, Reg. No. 57,303 | | |
| Date | February 22, 2007 | | |
| CERTIFICATE OF FAX TRANSMITTAL | | | |
| I hereby certify that this correspondence is being sent via facsimile to the United States Patent and Trademark Office at (571) 273-8300. | | | |
| Name (Print/type) | Roy B. Rhee | Registration No. (Attorney/Agent) | 57,303 |
| Signature |  | Date | February 22, 2007 |

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|---|--|--|-------------------|
| Effective on 12/08/2004 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818) FEE TRANSMITTAL for FY 2006 | | Complete if Known RECEIVED CENTRAL FAX CENTER FEB 22 2007 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/750,523 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | December 31, 2003 |
| 2,160.00 | | First Named Inventor | Kimling So |
| | | Examiner Name | Yaima Campos |
| | | Art Unit | 2185 |
| | | Attorney Docket No. | 15057US02 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy
 For the above-identified deposit account, the Director is hereby authorized to (check all that apply)
☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments
 under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid(\$) |
|---|----------|----------------------|---------|----------------------|---------|----------------------|--|---------------|
| Application Type | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |

| 2. EXCESS CLAIM FEES | | Small Entity | |
|--|---------|--------------|-----|
| Fee Description | Fee(\$) | Fee(\$) | |
| Each claim over 20 (including Reissues) | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | 200 | 100 |
| Multiple dependent claims | | 360 | 180 |

| Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee | Fee Paid (\$) |
|---|--------------|---------|---------------|---------------------------|-----|---------------|
| 29 | -20 or HP | 9 | 50 | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | | | |
| 8 | -3 or HP | 4 | 200 | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | |

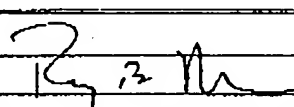
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee(\$) | Fee Paid(\$) |
|--------------|--------------|--|---------|--------------|
| -100 | /50 | (round up to a whole number) | x | |

4. OTHER FEE(S)

| | Fee Paid(\$) |
|---|--------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): RCE fee (\$790) and Petition for one month extension of time (\$120) | 910 |

| | | | |
|---------------------|---|-----------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 67,303 |
| Name (print/type) | Roy B. Rhee | Telephone | (312)775-8000 |
| | | Date | February 22, 2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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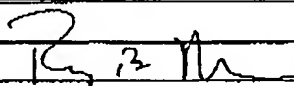
FROM McANDREWS, HELD, & MALLOY

FEB 22 2007

(THU) 2.22'07 15:38/ST. 15:36/NO. 4861050260 P. 4

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| <p><i>Effective on 12/08/2004</i> <i>Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818)</i></p> <p>FEE TRANSMITTAL for FY 2006</p> | | <p><i>Complete if Known</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-------------------|-----------------------------------|---------------------------|-----------------------|----------------|-------------|--|-------------|--|------------------|--|--|--|------------------|----------|-----------------------|----------|-----------------------|----------|-----------------------|----------------|---------|-----|-----|-----|-----|-----|-----|--|--------|-----|-----|-----|----|-----|----|--|-------|-----|-----|-----|-----|-----|----|--|---------|-----|-----|-----|-----|-----|-----|--|-------------|-----|-----|---|---|---|---|--|
| | | Application Number | 10750,523 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | December 31, 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | Kimming So | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | Yaima Campos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Art Unit | 2185 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket No. | 15057US02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 2,160.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width:100%;"> <tr> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th colspan="2"></th> </tr> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </table> | | | | | | | | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | | Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) | Utility | 300 | 150 | 500 | 250 | 200 | 100 | | Design | 200 | 100 | 100 | 50 | 130 | 65 | | Plant | 200 | 100 | 300 | 150 | 160 | 80 | | Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | | | | | | 360 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | -20 or HP | 9 | x 50 | = 450 | Fee | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | -3 or HP | 4 | x 200 | = 800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 150 | (round up to a whole number) | | x | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): RCE fee (\$750) and Petition for one month extension of time (\$120) | | | | | | 910 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | Registration No. (Attorney/Agent) | 57,303 | Telephone | (312)775-8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (print/type) | Roy B. Khee | | | Date | February 22, 2007 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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